Stiftung Auffangeinrichtung BVG
Fondation institution supplétive LPP
Fondazione istituto collettore LPP

Application
Transfer to a vested benefits policy

Please fill in this form digitally or in clear block capitals.

Personal details

Vested benefits account No. (if known) _____

Surname _____

First name _____

Street, No. _____

Postcode, town, country _____

Phone number _____ E-mail _____

Date of birth _____ Gender ☐ f ☐ m

OASI (AHV/AVS) No. _____

Marital status

☐ single

☐ married/registered partnership since (date) _____

☐ divorced/dissolved partnership since (date) _____

☐ widowed since (date) _____

Payment address

☐ Bank account ☐ Post office account

Account number _____

Name of the bank _____

Street, No. _____

Postcode, town, country _____

IBAN _____

SWIFT/BIC _____

Account in the name of Surname _____

First name _____

Street, No. _____

Postcode, town, country _____

Account holder confirmation

By signing, I confirm that the information provided is complete and correct.

Surname, first name _____

_____ _____

Place, date Signature

Documentation required

Please send us the following additional documents so that we can process your application:

- Copy of your identity card or passport
- Paying-in slip

We may need additional information and documents. We will contact you if this is the case.

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Confidential
Stiftung Auffangeinrichtung BVG
Vested benefits accounts
Elias-Canetti-Strasse 2
P.O. Box
8050 Zurich
SWITZERLAND

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Please enclose this cover sheet with the documents you return to us. Thank you.

When returning your documents, please do not use paper clips, staples, or adhesive tape.